FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED								
May 15 1998 8:00am								
Secretary of State								

	JAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
l .	MENT # 71469	0 (5)					
THE B	ARBADOS CLUB, INC.						
Principal Place of Business Mailing Address						acall dibil gli	DIE BITH HOOF
4933 TAMAMI TRAIL N. STE 200 NAPLES FL 34103 US		4933 TAMIAMI TRAIL N STE 200 NAPLES FL 34103 US			3. Date Incorporated or Qualified 05/31/1968 4. FEI Number 59-1285720		plied For
├ ── '	lace of Business	2a. Mailing Address				\$8.75 A	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$5.00 N	May Be
22					7. Is this nonprofit corporation a homeowners a	Added to association	
23 Zip	Country	28 Zip	Countr			No	
24	25 29 30			, 		Yes 🗀	angible No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered Ac	<u>jent</u>	
WHITE.	LAURANIE L.		82		Idress (P.O. Box Number is Not Acceptable)		
4933 TAMRAMI TRAIL N							
STE 200 NAPLES FL 34103							
MAPLES PL 34103				City	FL	85 Zip C	Code
11. Pursuant i office or re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statutes, e of Florida. Such change was aut gations of, Section 617.0503, Florid	the above horized be a Statute	re-named co by the corpor as.	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	hanging its ntment as r	s registered registered
SIGNATURE	Signature typed or printed name of registered ag-	ent and title if applicable (NOTE: R	legistered Ag	ent signature rec	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	· · · · ·	VPD DELETE 1.3			L	Change	☐ Addition
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY-	- 1			{!
TITLE	STD			31 211		Спапде	Addition
NAME	BLUMBERG, EDWARD		2.2 NAME				
STREET ADDRESS	207 HARBOUR DR. #4		2.3 STREE	T ADDRESS]
CITY-ST-ZIP	NAPLES FL		2 4 CITY-	ST-ZIP			
TITLE	_		3.1 TITLE	1	L	Change	☐ Addition
NAME STREET ADDRESS	PASTOR, SEWALL 207 HARBOUR DR #6		3.2 NAME	T ADDRESS			
CITY-ST-ZIP	NAPLES FL		3.4. CITY-				1
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		The same	4.4 CITY-		·	T	
TITLE		☐ DELETE	5.1 TITLE	i i	L	☐ Change	Addition
STREET ADDRESS			5.2 NAME	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	- 1			1
TITLE		☐ DELET E	6.1 TITLE	or-tu		Change	Addition
NAME			6.2 NAME	1		•	
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			İ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER ORGANICAL TO SIGNATURE OFFICER ORGANICAL TO SIGNATURE OFFICER ORGANICAL TO SIGNATURE OF SIGNATURE OFFICER ORGANICAL TO SIGNATURE OFFICER ORGA